

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/367,433	FILING DATE			
						APPLICANT(S)				
						CLAIMS				
AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.						
1					51					
2					52					
3					53					
4					54					
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44					94					
45					95					
46					96					
47					97					
48					98					
49					99					
50					100					
TOTAL IND.					TOTAL IND.					
TOTAL DEP.					TOTAL DEP.					
TOTAL CLAIMS	AMOUNT ACCURATE	AMOUNT ACCURATE	AMOUNT ACCURATE	AMOUNT ACCURATE	TOTAL CLAIMS	AMOUNT ACCURATE	AMOUNT ACCURATE	AMOUNT ACCURATE	AMOUNT ACCURATE	AMOUNT ACCURATE

Best Available Copy